**FEC** 

## STATEMENT OF

2018 AUG 12 AM 9: 32 **ORGANIZATION** FORM 1 1. NAME OF (Check if name Example: If typing, type 12FE4M5 **COMMITTEE** (in full) is changed) over the lines. DE MOCRATIS, OF, NEW, YORK ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS IN, Y, C, O, L, L, E, G, E, D, E, M, O, C, R, A, T, S @, G, M, A, I, L, . . C, O, M, COMMITTEE'S WEB PAGE ADDRESS (URL) W,W,W,.,C,O,L,LeGEDEM,S,N,Y,.,C,O,M, COMMITTEE'S FAX NUMBER DATE C 0,0,4,5,2.49,0 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT AMENDED (A) NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. MICHAEL J. SCHILLAWSKI Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office	l 1	For further information contact:	FEC FORM 1	
r i	Use		Federal Election Commission Toll Free 800-424-9530	(Revised 12/2007)	
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5.

FEC FO	rm 1 (Hevised 12/2007)	Page 2					
TYPE OF COMMITTEE							
Candidate Committee:							
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate					
Name of Candidate							
Candidate Party Affiliat	Office Sought: House Senate President	State District					
(c) :: 1	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Con	nmittee:						
(d) <sup>[7]</sup>		(Democratic, Republican, etc.) Party.					
Political A	ction Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:					
	Corporation Wo Capital Stock	Labor Organization					
	Membership Organization Trade Association	Cooperative					
(f) #****	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fund	Iraising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political					
Committees Participating in Joint Fundraiser							
1.	FEC ID number						
2.	FEC ID number						
<b>3</b> .	FEC ID number C						
4.	FEC ID number						
5.	FEC ID number C						

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Write or Type Committee Nam		
College Democro	ats of New York	
•	Organization, Affiliated Committee, Leadership PAC Sponso	or or Joint Fundraising Representative
NIONELLILI		
	<u> </u>	<u> </u>
Mailing Address		
		ليا ليبيا-لنيا
Balaka akka	СПУ	STATE ZIP CODE
Relationship:	Affiliated Committee Leadership PAC Sponsor	r Soint Fundraising Representative
Connected Organization	Leadership 1 AO Sporison	Count I directable Hepresentative
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number - optional) and positio	n of the person in possession of committee
books gird lecolds.		
Full Name		
Mailing Address	<u> </u>	
	CITY	STATE ZIP CODE
Title or Position	<b>3</b> ,11	SIAIL ZII GODE
	Telephone numb	per
<ol> <li>Treasurer: List the name ar any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the name and address of
Full Name of Treasurer	<u> </u>	
Mailing Address		
	<u> </u>	
Title or Position	CITY	STATE ZIP CODE
1 1 1 1 1 1 1		per
- <del></del>	•	
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-	FEC Form	n 1 (Revised 12/2007)	Page 4
	Full Name of Designated Agent		
	Mailing Address	<u> </u>	لىسىسىسا
		CITY STATE	. ZIP CODE
	Title or Position	Telephone number	لــــا-لـــا
<b>)</b> .	Banks or Other safety deposit be Name of Bank, I	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits oxes or maintains funds.  Depository, etc.	funds, holds accounts, rents
			ليستنسب
	Mailing Address		ليسيبينا
			ليتنيينين
			لبينا-لبينا
		CITY . STATE	ZIP CODE
	Name of Bank,	Depository, etc.	
			لتبينين
	Mailing Address		ليحثيبي
			لــــا-لــــا
		CITY STATE	ZIP CODE

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(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED